B6F (Office	ial Form 6F)	(12/07)
In re	Jennifer N.	Howard

Case No.	0	
		(if known)

 $\hfill\square$ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT#: xxxx Admore Finance 1780 New Florissant Rd. Saint Charles, MO 63303		-	DATE INCURRED: 2010 CONSIDERATION: Collection REMARKS:				\$0.00
ACCT#: xxx-xxx-x20-14 American Family Insurance American Family insurance Group 6000 American Parkway Madison, WI 53777-0001		-	DATE INCURRED: 2008 CONSIDERATION: Credit issued REMARKS:				\$278.70
ACCT#: xxxx AT&T P.O. Box 1811 Alpharetta, GA 30023		1	DATE INCURRED: 2009 CONSIDERATION: Collection REMARKS:				\$25.00
ACCT#: xxxx Charter Communications P.O. Box 790086 Saint Louis, MO 63179		-	DATE INCURRED: 2009 CONSIDERATION: Cable REMARKS:				\$56.00
ACCT#: xxxx Columbia House P.O. Box 91610 Indianapolis, IN 46291		-	DATE INCURRED: 2009 CONSIDERATION: Credit issued REMARKS:				\$25.00
ACCT#: xxxx Dell computer 12234 NIH 35 SB Bldg. B Austin, TX 78753		-	DATE INCURRED: 2009 CONSIDERATION: Credit issued REMARKS:				\$100.00
			Sul	otot	al >	>	\$484.70
continuation sheets attached		(Rep	(Use only on last page of the completed Sch ort also on Summary of Schedules and, if applicable Statistical Summary of Certain Liabilities and Relat	edu e, or	1 th	F.) ne	

B6F (Offi	cial Form 6F) (12/07) - Cont.
In re	Jennifer N. Howard

Case No.	0	
		(if known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT#: xxxx Derm care P.O. Box 952409 Saint Louis, MO 63195		-	DATE INCURRED: 2010 CONSIDERATION: Credit issued REMARKS:				\$25.00
ACCT#: xxxx Dillards P.O.Box 52005 Phoenix, AZ 85072		-	DATE INCURRED: 2009 CONSIDERATION: Credit issued REMARKS:				\$25.00
ACCT#: xxxx E- payday Loan P.O. Box 1022 Wixom, MI 48393		-	DATE INCURRED: 2009 CONSIDERATION: Credit issued REMARKS:				\$125.00
ACCT#: xxx6125 First Source Laboratory P.O. Box 781268 Indianapolis, IN 46278		-	DATE INCURRED: 2010 CONSIDERATION: medical collection REMARKS:				\$25.00
ACCT#: xxxx Gateway orthodontics Joseph M. Dorsey P.O. Box 660436 Dallas, TX 75266		-	DATE INCURRED: 2009 CONSIDERATION: medical REMARKS:				\$25.00
ACCT#: xxxx Hobby Lobby P.O. Box 6387 Stillwater, OK 74076		-	DATE INCURRED: 2009 CONSIDERATION: Credit issued REMARKS:				\$25.00
Sheet no1 of5_ continuation sheets attached to Subtotal >						>	\$250.00
Schedule of Creditors Holding Unsecured Nonpriority Claims Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							

B6F (Offic	cial Form 6F) (12/07) - Cont	
In re	Jennifer N. Howard	

Case No.	0	
		(if known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT#: xxxx			DATE INCURRED: 2007-2009 CONSIDERATION:				
Household Credit Services P.O. Box 98706 Las Vegas, NV 89193		-	Credit Card REMARKS:				\$300.00
ACCT#: xxxx			DATE INCURRED: 2010 CONSIDERATION:				
JC Christensen and Assoc., Inc. P.O. Box 519 Sauk Rapids, MN 56379		-	Collection REMARKS:				\$0.00
ACCT#: xxxx			DATE INCURRED: 2008-2009 CONSIDERATION:				
JC Penny P.O. Box 981402			Credit issued REMARKS:				\$100.00
El Paso, TX 79990		-	NEWAYNO.				
ACCT#: xxxx			DATE INCURRED: 2010 CONSIDERATION:				
Kramer and Frank 9300 Dielman Ind. Dr. Ste 100		-	Notice Only REMARKS:				\$0.00
St. Louis, MO 63132							
ACCT#: xxxxxxxx6083			DATE INCURRED: 2006-2010 CONSIDERATION:				
Lindenwood University 209 S. Kingshighway Saint Charles, MO 63301		-	Credit issued REMARKS:				\$3,545.00
ACCT #: xxx5108			DATE INCURRED: 2008-2010			H	
Maryville Univ.			CONSIDERATION: Credit issued				\$2,510.00
650 Maryville Univ. Saint Louis, MO 63141		-	REMARKS:				
Sheet no 2 of 5 continuation she			ned to Sul	u otot	al :	\	\$6,455.00
Schedule of Creditors Holding Unsecured Nonpriority Claims Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							

In re	Jennifer N. Howard
B6F (Offi	cial Form 6F) (12/07) - Cont.

Case No.	0	
		(if known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxx8920			DATE INCURRED: 2009				
Mid county Orthopaedic Surgery 845 N. New Ballas Ct, ste 200 Saint Louis, MO 63141		-	CONSIDERATION: medical REMARKS:				\$300.00
ACCT#: xxxx			DATE INCURRED: 2008				
Missouri College			CONSIDERATION: Credit issued				\$1,000.00
10121 Manchester Rd. Saint Louis, MO 63122		-	REMARKS:				V 1,000.00
ACCT#: xxxx			DATE INCURRED: 2009	-			
Ni Kadem Dental			CONSIDERATION:				
811 hazelwest			medical				\$120.00
Hazelwood, MO 63042		-	REMARKS:				
ACCT#: xxxx			DATE INCURRED: 2010				
Northwest Healthcare 11133 dunn Rd Saint Louis, MO 63136		-	CONSIDERATION: medical REMARKS:				\$50.00
ACCT#: xxxx			DATE INCURRED: 2009				
Old Navy			CONSIDERATION: Credit issued				\$20.00
P.O. Box 29116			REMARKS:				\$20.00
Mission, KS 66201		-					
ACCT#: xxxx			DATE INCURRED: 25 CONSIDERATION:				
Progressive Finance			Credit issued				\$2,010.00
11629		_	REMARKS:				
South 700, Ste. 250							
Draper, UT 84020							
Sheet no. 3 of 5 continuation shee	ets :	attac	hed to Sul	otot	al >	\	\$3,500.00
Schedule of Creditors Holding Unsecured Nonpriority Claims							-,:,:::-
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							

B6F (Offi	cial Form 6F) (12/07) - Cor	ηt.
In re	Jennifer N. Howard	

Case No.	0	
		(if known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	
ACCT#: xx9646 Shanon Forster MD			DATE INCURRED: 2010 CONSIDERATION:					
180 Weidman Road, Ste. #125 Ballwin, MO 63021		-	-	medical REMARKS:				\$518.00
ACCT#: xxxx			DATE INCURRED: 2009 CONSIDERATION:					
Signature Health Services 12639 Old Tesson Road, Dr. #115 Saint Louis, MO 63128		-	medical REMARKS:				\$105.00	
ACCT#: xxxxx7770			DATE INCURRED: 2009 CONSIDERATION:					
St. Louis Community College 300 S. Broadway			Credit issued REMARKS:				\$325.00	
Saint Louis, MO 63102		-						
ACCT#: xxxxx7770			DATE INCURRED: 2007-2010 CONSIDERATION:					
St. Louis Community College -forest park 5600 Oakland Avenue Saint Louis, MO 63110		-	Credit issued REMARKS:				\$0.00	
ACCT#: xxxx			DATE INCURRED: 2009 CONSIDERATION:					
Telecheck P.O. Box 17120 Denver, CO 80217		-	Credit issued REMARKS:				\$45.00	
ACCT#: xxxx Wal-Mart P.O. Box 981400 El Paso, TX 79998		-	DATE INCURRED: 2009 CONSIDERATION: Credit issued REMARKS:				\$50.00	
Sheet no. 4 of 5 continuation sheets attached to Subtotal >					\$1,043.00			
Schedule of Creditors Holding Unsecured Nonpriority Claims Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)								

B6F (Offic	cial Form 6F) (12/07) - Cont	
In re	Jennifer N. Howard	

Case No.	0	
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT#: xxxx Wells Fargo			DATE INCURRED: 2008-2009 CONSIDERATION: Credit issued				¢440.00
P.O. Box 660217 Dallas, TX 75266		-	REMARKS:				\$140.00
				\Box			
Sheet no5 of5 continuation sheets attached to Subtotal >				\$140.00			
Schedule of Creditors Holding Unsecured Nonpriority Claims Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)					F.) ne	\$11,872.70	